



SUPPLEMENTAL APPLICATION EXHIBITORS

TC 2001

Customer Service Division

Office locations - 7447 E. Indian School Road, Suite 110
Scottsdale, Az. 85251-4468

or

9379 E. San Salvador Dr, Suite 100
Scottsdale, Az. 85258

Mailing Address - 3939 N. Drinkwater Blvd.
Scottsdale, AZ 85251-4468

Telephone - (480) 312-2400

FOR OFFICE USE ONLY

Account Number _____

Privilege Tax Permit Number _____

Zoning: Approval ☐ Denied ☐ Comments: _____

Date ____/____/____ Initials _____

License Period _____

Daily Fee per exhibitor \$ _____ x _____ *exhibitors = Total Daily Fee \$ _____

Total Daily Fee \$ _____ x _____ days = Total Fee Due \$ _____

Promoter _____ Phone Number _____

Address, City, State, Zip _____

Location of Exhibition _____ Date(s) of Exhibition _____

Applicant Name _____

List **all** exhibitors participating in this exhibition.

Name of Business	Permanent Business Location	Owners Name (First, Middle, Last)	Telephone No.	City Privilege License No.

Total Number of Exhibitors _____ *(Enter total exhibitors above to calculate Fee Due)

I hereby certify that the statements made herein have been examined by me and they are, to the best of my knowledge and belief, true and complete. I understand that the fee is non-refundable and the permit issued is non-transferable.

Date

Signature of Promoter